



(978) 425-1390

## TOWN OF SHIRLEY

9 Parker Rd.  
Shirley, MA 01464

Office of the:  
Council on Aging

### COUNCIL ON AGING Volunteer Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Why are you interested in volunteering for the Shirley Council on Aging?

---

---

Areas of Interest/Skills: \_\_\_\_\_

---

List previous volunteer experience:

Agency/Position	Length of Time	Contact Name and Phone No.
-----------------	----------------	----------------------------

---

In case of an emergency or illness please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Provide two (2) personal references:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please check all of the ways in which you are available to assist as a volunteer:

<input type="checkbox"/> Yard clean-up	<input type="checkbox"/> Spring	<input type="checkbox"/> Fall	<input type="checkbox"/> Run a program- -Topic: _____
<input type="checkbox"/> Meals-on-Wheels Driver			<input type="checkbox"/> Teach a class - -Topic: _____
<input type="checkbox"/> Set-up/take down Tables/Chairs			<input type="checkbox"/> Cook/Kitchen help
<input type="checkbox"/> Handyman			<input type="checkbox"/> Admin work/data entry
<input type="checkbox"/> Receptionist			<input type="checkbox"/> Custodian
<input type="checkbox"/> Newsletter			<input type="checkbox"/> Publicity

When are you available to volunteer time for the Council on Aging?

☐ Weekdays (please circle) M T W TH F

☐ Weekends (please circle) Sa S

☐ Monthly

☐ Time of Day (please circle) Mornings Afternoons Evenings

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in immediate dismissal.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If applicant is under the age of 18 years old, a parent or guardian must sign his/her consent to the terms and conditions of this application below:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Background Check**

I understand that the Town of Shirley will conduct a background check prior to acceptance as a volunteer for the Council on Aging. I agree to provide the necessary information as requested and further understand that said background check may include a review of sex offender registries and/or criminal history records (CORI request form attached hereto for execution by applicant).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Consent and Release**

I, the undersigned, \_\_\_\_\_, do consent to my participation in voluntary programs of the Town of Shirley.

I also agree to forever release the Town of Shirley, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary programs of the Town of Shirley ("the Releasees") from any and all claims, right of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in the Town of Shirley voluntary program.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from participation in the Town of Shirley's voluntary program.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation is voluntary and that I am free to choose not to participate in said programs. By signing this form, I affirm that I have decided to participate in the Town of Shirley volunteer program with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer in participation in the Town of Shirley volunteer programs.

Applicant /Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the applicant/participant is under the age of 18 years old, a parent or guardian must sign his/her consent to the terms and conditions of this application below:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## TOWN OF SHIRLEY

(978) 425-1390

9 Parker Rd.  
Shirley, MA 01464

Office of the:  
Council on Aging

### CORI REQUEST FORM

The Town of Shirley has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for participation in the Council on Aging Volunteer Program, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

---

#### APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (if applicable)

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NO.  
(Requested but not required)

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

\_\_\_\_\_  
CURRENT AND FORMER ADDRESSES:

\_\_\_\_\_  
SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

\_\_\_\_\_  
STATE DRIVER'S LICENSE NUMBER (include state of issue):

\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM  
OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_

\_\_\_\_\_  
REQUESTED BY:

\_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE